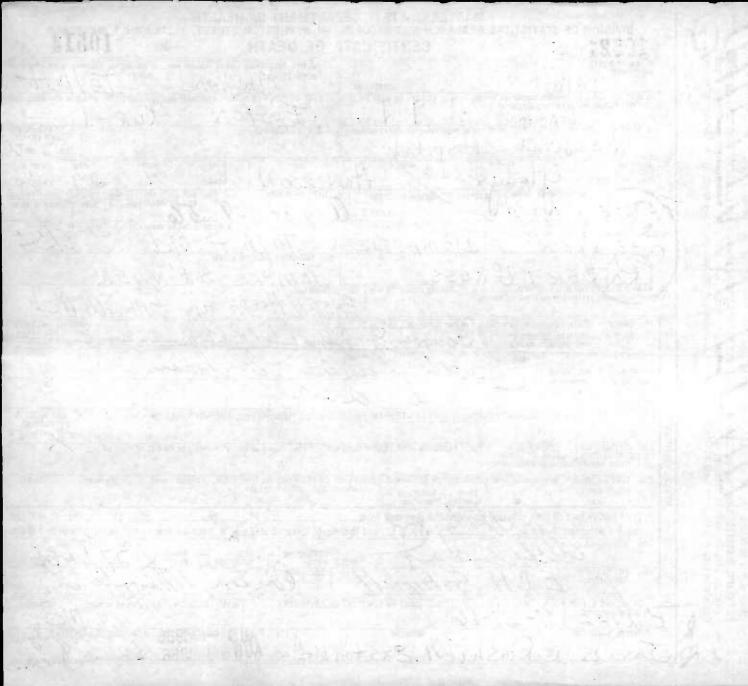
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt.

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10521 CERTIFICATE OF DEATH

1.	PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	(14 00) MARYLAND	a. STATE MARY AND b. COUNTY TA POT
	b. CITY DR TDWN (if butside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	teretal 1 da	TASTON RURAL 20-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Memorial Hospital	YES NO Z
3.	NAME OF First Middle	Last 4. DATE Month Day Year
5.	(Type or print)	DERSON DEATH / 2/ 1966
1	EMALE COLDEN	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
10:	DIVORCED DIV	11. GIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT
dui	ing most of working life, even If retired) NDUSTRY	11. GIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT CDUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	PATERY GRACE	ismall Chillen
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17.	INFORMANT Address
(Y	(If yes give war or dates of service)	ASTON HOSPHITAL EASTON, Med
	18. CAUSE OF DEATH [Enter only one cause be line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	and all argum
	Conditions to any which	to the losing
	conditions, If any, which gave rise to immediate (b)	age a pract
	cause (a), stating the underlying cause last.	ull and a second
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
CERTIFICATION		PERFORMED?
CERTI	20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
CAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While factor p.m. 19 at work	y, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	, 19, to, 19, that (I) (we) last
	saw the deceased alive on 22a. SIGNATURE	death occurred at 4 7 M, from the causes and on the date stated above.
	CHINA I V	ATTENDING MED. STAFF 22b. DATE SIGNED
	22c. PHYSICIAN'S M.D.	PHYS. DIRECTOR PHYS.
	NAME (Type) E. C. H. Schmill	Coulon, Margelinal
232	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, Jown or county) (State)
1	DUKIAL 1-31-66	Ind,
24	FUNERAL DIRECTOR ADDRESS	25a. REC D BY REGISTRARY 838. REGISTRAR'S SIGNATURE
1	James B Washiell Erstor	1 MA DATE AUG I 1966 Valurelo 8
		11119



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

4	MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORD	PARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
_0	LUS 222 Ttom #2h CERTIFICAT	E ₇ OF ₈ DEATH 1():	515
1.	PLACE OF DEATH a. COUNTY TO LOS MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Real a. STATE D. COUNTY b. COUNTY	deposition (United
9	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL Denton d. STREET ADDRESS	05-2
(Wellichen La son tal	d. SIREEI ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Callay 4. DATE Month DF DEATH 7/23	Day Year 19 66
5.	SEX 6. COLOR OR RACE 77. MARRIED NEVER MARRIED DIVORCED DIVORCED	JUNE 8/10/0 73 yrs.	Days Hours Min.
dur	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY LOW ES // C	MARYLAND	UNTRY?
13.	FATHER'S NAME FLABERT BATEMAN	14. MOTHER'S MAIDEN NAME Un Knowix	
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes give war or dates of service) 2/6-03-7328	INFORMANT Address	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nemonia	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which gave rise to immediate (b)		
~	cause (a), stating the underlying cause last. DUE TO liabellic	aeslosie	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (Cour ory, street, office bidg., etc.)	nty) (State)
	21. I certify that (I) this hospital attended the deceased from saw the deceased give on 199, and the	, 19 , to, 19 tt death occurred at, M, from the causes and on th	_, that (I) (we) last e date stated above.
	22a. SIGNATURE CHARLES M.	ATTENDING MED. STAFF	TE SIGNED 66
	22c. PHYSICIAN'S E-C.H. Schronidt	22d. Albriss ton, Illay	SUS .
23a	Bremoval (Specify) 7-27-66 Lt Yauls	CEMETERN CAROLINE	Mte
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. BEGISTRAR'S	SIGNATURE

VR A15 (4) 20M 1/65

THE TRUE PROPERTY OF THE TRUE WAS TO BE AND HEAD FROM THE SUITE SUITE SAND OF SECURITIES AND AND AND ADDRESS OF THE PARTY O A STATE OF THE STA over the filling that when I have deliver and a secretical

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (1516)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Company of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (1516)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10523

F HE	OF AL	S	TA	AT EJ	E
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If any deloy is	necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to	the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page	5 may be retained for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit Eiler pages 1 and 2 with the State Department of	Health or its designated ogent prior to burial greenation or removal and in one event within 72 hours after death

1.	PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived, if instituti	on: Residence before admission)
	o. COUNTY Talkat	MARYLAND	o. STATE	Tol b. COUN	TALLIT
-	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporote limits, write RUR	Al ond give negrest town)
	write RURAL and give nearest town)	200	7 . 7		
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	ive street address)	d. STREET ADDRESS	04]	e. IS RESIDENCE
	memorial	ive siteer oddressy	10 Sycar	nove Ave &	ON A FARM?
3.	NAME OF DECEASED (Type or print)	Middle B Acc	Lost	4. DATE Month OF DEATH	Doy Year 7 . 3 19 66
5.	SEX 6. COLOR OX RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	m le WIDOWED	DIVORCED	1/28/1899	last birthdoy) 7 Yrs.	Months Doys Hours Min.
10	o. USUAL OCCUPATION (Give kind of work done 10b. KIN	ND OF BUSINESS OR	11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT
au	ring most of working life, even if retired) Salesman JNE	oustry surance	Marylan	d	COUNTRYUSA
13	. FATHER'S NAME		14. MOTHER'S MAIDEN N	ÂME	
	Jacob F. Bauman		Pauline	Dreyer	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	INICODELANT	4 4400	SS
(1	es, no, or unknown) (If yes give, war ar dotes of service)	7-10-0802 M	s. J. Carl	Bauman, Easto	n, Md.
	18. CAUSE OF DEATH (Enter only one couse per line for	(p) (b) and (c))	,		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ronary oc	Chision		ONSET AND DEATH
	/ 2 / DUE TO				
	Conditions, if ony, which gove) (b)				
	rise to immediate couse (o), stoting the underlying couse DUE TO				
	lost. (c)				
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
AT10					YES NO
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in P	ort I or Port II of item 18.)	
MEDICAL			CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
ME	Hour o.m. While of work		tory, street, office bldg., etc.)		
	21. I certify that I taak charge af the rem		eld an Autapsy .	Inspection X, Inqu	iry , and in my apiniar
	death resulted from: Natural causes		cide , Hamicide	Undetermined mo	
		14	CHIEF MEDICAL I		
	SIGNATURE Zevin	Multa	M.D., ASSISTANT MEDIC	CAL EXAMINER	22. DATE SIGNED
	EXAMINER'S NAME (Type)	MELTI	DEPUTY MEDICAL Address (Street,	city, town, or county)	7-3-66
23	o. BURIAL, (REMATION, PLYOPING PROPERTY) 23b. DATE THEREOF 7/6/1966	23c. NAME OF CEMETERY OR Arlington Nas	crematory tional	23d. LOCATION (City or Tov Arlington,	Va. (County) (Stote)
2	4. FUNERAL DIRECTOR	ADDRESS			GISTRAR'S SIGNATURE
	NEUWAM FUNEDAI HOME. Ea	ston. Md.	DATE	1 1 1 1055	201. 0 0

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A. . . miles of the callegian laboral control of the and the little carbon, the same carbon to the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10524 CERTIFICATE OF DEATH
10517

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Delaware b. COUNTY Sussex
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write-RURAL and give nearest town) 47 days	Seaford 4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
MEMORIAl Hospital	R.F.D. # 3
3. NAME OF DECEASED (Type or print) Louis Edward	Boswell 4. DATE Month Day Year DEATH 3 1966
7. MARKIED REVER MARKIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Sept. 7, 1889 76 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of lob. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired policeman Phila. Police Dept	
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Thknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	
	s. Albert S. Hankins, Seaford, Dela. R.D.#3
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INCOMPOSE'S RT.	libele Cerebral Artery Interval Between ONST AND DEATH
332 X	
Conditions, If any, which) (b) CEPE Dra Atte	rosclerosis. fps.
gave rise to Immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA DIA DE LES ME () + + + + + + + + + + + + + + + + + +	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO NO NO NO NO NO N
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of figury in Part I or Part II of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	, 19, to, 19, that (I) (we) last
	t death occurred at / M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Muech h M.D	ATTENDING MED. STAFF PHYS. 7 . 4 . 66
122C. PHYSICIAN'S NAME (Type) S. KRECH JR.	22d. ADDRESS EASTON, M.F.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial July 6, 1966 Cokesbury Cem	netery Near Federalsburg, Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
y. g. trampfom reson Federalsburg	MA. DATE JUL 8. 1966 Ochania Judge

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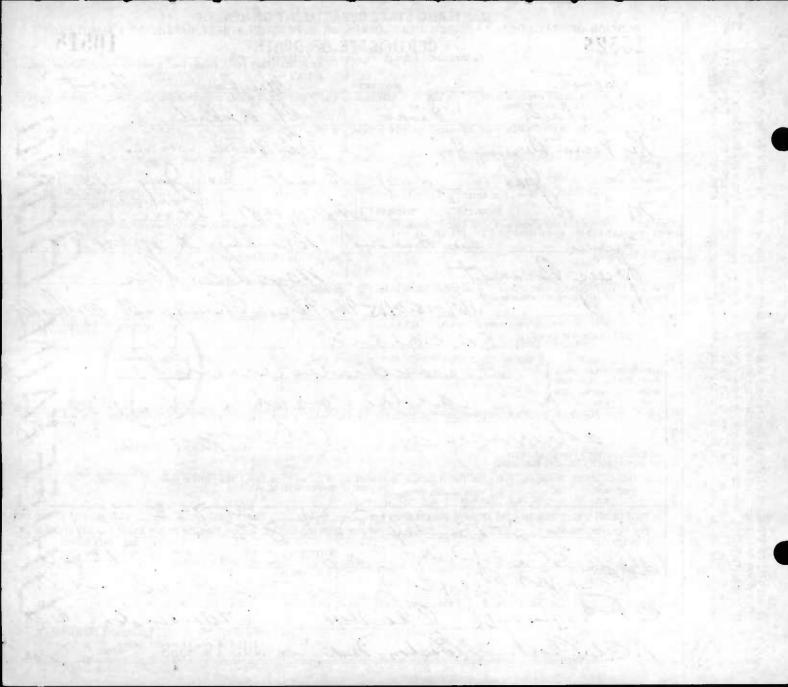
the funeral ex 1 and 2 after death.

1.

	PARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH	
LACE OF DEATH	2. OSUAL RESIDENCE (Where deceased lived, If Institution: Residence before ad a. STATE b. COUNTY	Imissio
MARYLAND CITY DR TOWN (if outside corporate limits, white RURAL and give neares bytown)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give neares	t tow
I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	CHIDWITH O DO DNAF	IDENO FARM?
AME DF ECEASED (ype or print) AME DF ECEASED (ype or print)	Brant DEATH Sules 15 196	
6. COLDR OF RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE th years IFUNDER 1 YEAR IFUNDER (ast blyindar) Months Days Hours	R 24 HI
SUAL OCCUPATION (Give kind of work done g most of working life, even if retired) Process Research	11. BIRTHOLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
Tour Brandt	14. MOTHER'S MAIDEN NAME Magastelin Reis	,
VAS UCEASED EVER IN U.S. ARMED FORCES? 10. Junkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Address Shy Florence & Brandt Sh. Mach	1
8. CAUSE DF DEATH [Enter only one cause per line for (a), (b); and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BET ONSET AND I	
33 4 X DUE TD AA	* 0 0,	7

executed within 24 hours after death. e remove carbon papers. Pagin any event, within 72 hours completely filled in 3. 5. S and 1Da. l durin physician lease and in death certificate be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial-transit permit. Then pl should be filed with the State Dept. of Health prior to burial, cremation, or removal, 13. 15. V (Yes. ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PERFORMED? PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NÓ YES 2Da. ACCIDENT WAS UNDERLYING DOWN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 2Dd. INJURY OCCURRED 2Df. (City or town) (County) Hour a.m. While Not While at work p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred saw the deceased alive on M, from the causes and on the date stated above. 222. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. 22d PHYSICIAN'S NAME (Type) 22d. ADDRESS BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. DATE THEREOF 23c. 6 ADDRESS 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. 1966 DATE

TO HOSPITAL AI5 (4) 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10526 CERTIFICATE OF DEATH
1()519

1.	PLACE DF DEATH a. CDUNTY A 1 BOT	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE Maryland b. COUNTY Ca	sidence before admission)
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL a	4
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
	MEMORIAL	None	YES NO NO
3.	NAME DE FIRST MIDDLE FIRST MIDL	Last 4. DATE Month DF DEATH	Day Year
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
	Female White WIDOWED TO DIVORCED	Jan. 25, 1900 last hirthday) Months	
dur	. USUAL OCCUPATION (Give kind of work done Ing meet of working life eyen If retired)	Maryland	TIZEN OF WHAT
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	? Pearson	Iva Bright	
15 (Ye	s no or unknown) (If yes nive war or dates of service)	Address arbara Porter Greensboro	Md.
-	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	of the luna	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Carcerons	o one	
	Conditions if any which \	V	
	gave rise to Immediate		
	underlying course look		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
MEDICAL	factor	CE OF INJURY (Home, farm, 2Df. (City or town) (Courry, street, office bidg., etc.)	(State)
ME	P.m. 19 While Not While at work		
	21. I certify that the (this hospital) attended the deceased from 2	2 apr , 1966, to 1 July , 196	E, that (I) (we) last
2		death occurred at 9:100 M, from the causes and on th	
	228. SIGNATURE Plenney M.D.	ATTENDING MED. STAFF 2/	TE SIGNED
	22c. PHYSICIANAS	22d. ADDRESS	
	NAME (Type) Stephen P. Carney, M.D.	Easton, Md.	
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 7-4-66 Mt. Olive	2	aware
24		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
(1. E. Boulais Greensloro, r	Mel. DATE JUL 7 1966 Jelian	les Judge
1		1199	y

VR A15 (4) 2DM 1/65

CONTRACTOR OF THE PROPERTY OF bratynal owill norso edol de la companya d Engly Trail the trill rivi 219-14-6555 Barbaya Portar Grassbord, Commence of the till the man Stephen F. Currey, M.D. Canton, Nd. Survey 7-4-66 Nr. Olive Jandtoon, Polewens they bere bearing a rook partial a committee with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10597

	A Walker	V =			
1.	PLACE OF DEATH A. COUNTY	MARYLAND	2. USUAL RESIDENCE a. STATE	(Where deceased lived, If institution: b. COUNTY	Residence before admission)
	b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	6	tside corporate limits, write RURA	L and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	enttal give street address)	d. STREET ADDRESS	on	e. IS RESIDENCE
	Memorial L	+65 b +A		Hanson St.	ON A FARM? YES NO NO
3.	NAME OF DECEASED (Type or print) A / A Crenter	y BRIDA	Last 4	4. DATE Month OF DEATH	Day Year 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.
	Female white WIDOWED	DIVORCED V	7/13/1886	last birthday) Months yrs.	Days Hours Min.
		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Coun	ty & State, or foreign country) 12.	CITIZEN OF WHAT
	Housework			yeorgia (USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	William Gentry	Taller all.	unk.		
	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. Si s, no, or unkown) (If yes give war or dates of service)	OCIAL SECURITY NO. 17.	INFORMANT	Address	
	no 57	79-01-7829 Fi	red W. Bridge	es, Easton, Md.	
1	18. CAUSE DF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]	b		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	alicanon.	, GuRal	4	ONSET AND DEATH
	11001	- CINA OF THE			
	Conditions, If any, which \	-SCUD'			100
	gave rise to immediate	- /		•	
	cause (a), stating the DUE TO underlying cause last.	TRIAL F	IBRILAT.	ION	
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELA) 119. WAS AUTDPSY
CERTIFICATION	En Edward Till Breez				PERFORMED?
TE	2Da. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCUP	RRED. (Enter nature of In	Jury In Part I or Part II of Item 1	8.)
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL		JURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm	20f. (City or town) (Co	ounty) (State)
MEDICAL	Hour a.m. While p.m. 19 at work	Not While at work	y, street, office bldg., etc.)		
	21. I certify that (I) (this hospital) attended	d the deceased from	, 19		, that (I) (we) last
	saw the deceased alive on	19, and that	death occurred at	M, from the causes and on	
	22a. STGNATURE	Sek	ATTENDING ME		DATE SIGNED
	pasey for	M.D.	PHIS. DIN	RECTOR PHYS.	113/40
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		THE YEAR
-		00. NAME OF A DESCRIPTION	On annual conversion	201 100071001-01	(04-1-)
23a	REMOVAL (Specify) 7/40/4066	23c. NAME OF CEMETERY		23d. LOCATION (City, town or co	ounty) (State)
24	EUNERAL DIRECTOR	Spring Hi		Caston, Md.	DIC CICNATURE
24	FUNERAL DIRECTOR	AUNESS	ZSa. REC'D	BY REGISTRAR 25b. REGISTRAL	arley Judge
1/1	and the state of t	I /A E-D TOLL	A LA LINATE DU		I LET VOID-ELL

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1 Talling	Carlina Maria			
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	algrand .			1000-600
	• 1		124	Lilliam Gera
	eda i e			on.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

L	e. COUNTY 1	2. USUAL RESIDENCE (Where deceased lived, it institution; re	stuence perore aumission)
	Talbal	e. STATE b. COUNTY	noline
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL.	and give nearest town)
	Faston 121 brs 4 mis	Jed enals burg	05.2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS	e. IS RESIDENCE ON A FARM?
7	Easton Menorial	309 academy are	YES NO
3	The state of the s	Last 4. DATE / Month	Day Year
	DECEASED (Type or print) Four The Sameson	allins DEATH July	2 8 19 66
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years AFUNOER)	YEAR IF UNDER 24 HRS.
	Female White WIDOWED NO OIVORCED	Oct. 30, 1891 74 yrs. Months	Oays Hours Min.
1	Da. USUAL OCCUPATION (Give kind of work done IDD. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
1	Housework Home		SA
1	3. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
	James P. Sampson	Mary McCann	
1		INFORMANT Address	
1	No 160-10-1910 J	ames R. Sampson, Villas, New Je	rsey
=	1 19 CALLSE OF BEATH CENter only one cause nor line for (a) (b) and (c) ?		INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	herent e neutrestares	ONSET AND DEATH
	170 X OUE TO		
	Conditions, If any, which (b)		
	gave rise to immediate cause (a), stating the DUE TO		
	underlying cause last. (c)		
NOT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIOUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
100			YES NO
CEPTIEICATION	2Da, ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of Injury in Pert I or Part II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	ity) (State)
AED	Hour a.m. While Not While p.m. 19 at work at work	, street, onice bidg., etc.)	
1	21. I certify that (I) (this hospital) attended the deceased from	28 July , 1966, to 28 pely, 1960	that (I) (we) last
17	saw the deceased alive on July 18 1966, and tha	t death occurred at 6 45 M, from the causes and on th	e date stated above.
£	22a. SIGNATURE		TE, SIGNEO
1	There the Ware in		pely 66
	22c. PHYSICIAN'S NAME (Type)	Dutchmans Lane Easton, Ma	bueland
=	Thurston Harrison M. D.		
2	Burial, Cremation, 23b. Date Thereof 23c. Name of Cemeter Burial Aug. 1, 1966 Hill Crest C		
-	4. FUNERAL DIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	
Y	from Fremptom / tederalsburg heryland	DATE AUG 3 1956 PClian	1. 0
1	/ / /	TONIE TO O TODO TOTO	as Judge
			UV

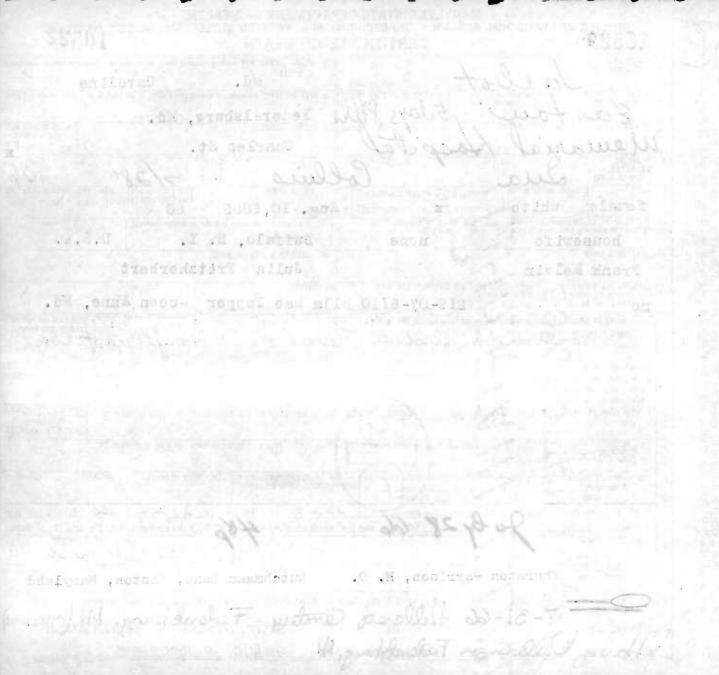
VR A15 (4) 20M 1/65

TATION AND THE PROPERTY OF THE PARTY OF THE PARTY. the second to the second 10st. 30, 1891 E orlin ales And the state of t need and result " 120-10-1910 | June W. Sadoron, Vikins, New Joseph The state of the s bunggan, nother that the putchance is a larger than the printer Court Land Hill Edgl of how

be executed within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending providen and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then beese remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10523
CERTIFICATE OF DEATH

1	1. PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY CAPOLITA			
	b. CITY DR TDWN (if outside corporate limits, write, RURAL and give nearest town) MARYLAND C. LENGTH DF STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)			
	Eastow Bdays fire	Federalsburg, Md. 05 2			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, glye street address)	d, STREET ADDRESS e. IS RESIDENCE DN A FARM?			
	yellarial Haspital	Charles St. YES NO			
	3. NAME OF DECEASED (Type or print)	Last 4. DATE Month Day Year OF DEATH 7/28 1966			
1	5. SEX 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (IN years IF UNDER 1 YEAR IF UNDER 24 HRS.			
	female white widowed a Olvorced	Aug. IO, I885 So yrs. Months Days Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT			
	housewife none	Buffalo, N. Y. U.S.A.			
	13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME			
	Frank Melvin	Julia Fratzherbert			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyes give war or dates of service)				
	no 219-07-6140 E	lla Mae Tapper Queen Anne, Md.			
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN			
4	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circle al The	year than a homelegiant & days			
	333 X OUE TO				
	Conditions, if any, which \ (h)				
	gave rise to immediate cause (a), stating the DUE TD				
	underlying cause last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DEP			
0	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED, (Enter nature of Injury In Part I or Part II of Item 18.)			
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)			
	Hour a.m. p.m. 19 While Not While 1actor 1actor				
	21. I detaily that the time hoppitals aftended the deceased noth	3 pely , 1966, to 28 pely , 1966, that (1) (we) last			
		death occurred at M, from the causes and on the date stated above.			
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED 29 puls 66			
,	22c, PHYSICIAN'S M.O	PHYS. DIRECTOR PHYS. 121 PHYS. 221 ADDRESS			
	NAME (Type) Thurston Harrison, M. D.	Dutchmans Lane, Easton, Maryland			
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)			
	11-31-66 Hellcrost	embry tederableray, M. CAROLINA			
P	24. FUNERAL DIRECTOR ADDRESS	254. REC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATURE			
(Hores Vellamen takeralsperg.	No DATE AUG 2 1956 Colonelo O			
Y		The state of the s			



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admi	ission)				
a. COUNTY TALBOT MARYLAND	a. STATE Maryland b. COUNTY Talbot					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest t	own)				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESID	ENCE				
MEMORIAL	ON A FAR	RM?				
3. NAME OF PICEASED Middle	Last 4. DATE Month Day Year					
(Type or print) EAN Bryan (E	16/170N DEATH) ULY 3, 196	6				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	1/20/107/	4 HRS. Min.				
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	-				
during most of working life, even if retired) INDUSTRY	Cleveland Ohio Country?	4				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	13.5				
Thoodone f. Anten	Gentrude Phelps					
	INFDRMANT Address					
no 220-46-2287 Amo	os S. (neighton, Easton, Md.					
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWO					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicer de	he to Stopp, arrens 3 days	ALIII				
0.531 DUE TO						
Cenditions, If any, which (b)						
gave rise to Immediate cause (a), stating the DUE TO		-31				
underlying course took						
FICAT	PERFORME YES NO	D?				
	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.)					
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stal	te)				
ZDc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ry, street, office bldg., etc.)					
21. I certify that (I) (this hospital) attended the deceased from 2	June , 1964, to 3 July , 1961, that (1) (wo	lact				
	t death occurred at 55% M, from the causes and on the date stated at					
22a. SIGNATURE 2	1 22b. DATE SIGNED	70ve.				
Stephen & Commy M.	ATTENDING MED. STAFF HYS. D 4 July 66					
22c. PHYSICÍAN'S NAME (Type)	22d. ADDRESS					
Stephen P. Carney, M.D.	Easton, Md.					
23a. BURIAL, CREMATION, 2017. SATE THEBEOF 23c. NAME OF CEMETER AShtabula	or CREMATORY 23d. LOCATION (City, town or county) (State enetery Astabula, Ohio	(1)				
24. FUNERAL DIRECTOR ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
Marine El Deressem Dan EASTON.	Usd DATE JUL 6 1966 Charles Judg	e.				
The state of the s	TO TONIE OF THE PARTY OF THE PA					

e estate and. Tallot. 113 612 277 OV 12 150 . Trade mice x 1/20/1 ກ່າວເພດພາຍ Levelini y a wile iteles Descore for rice Lections in so in sistery justions, i.e. Steppen B. Corney, M.B. Canton, Mc. wind the riving winder winder the Maria and Maria to the State of the Maria and TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaph. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10001	OEKIII IOATI	L OI DEATH		11324
1.	PLACE OF DEATH a. COUNTY			E (Where deceased lived, If institution: R	esidence before admission)
	1Albot	MARYLAND	a. STATE Ma	ruland b. COUNTY Tal	bot
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limits, write RURAL	and give nearest town)
	EASTON	Bodays	Oxford	1	20-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET AOORESS		e. IS RESIDENCE ON A FARM?
	Memorial Hosp	rital			YES NO X
3.	NAME DF DECEASED	Middle	Last	4. DATE Month	Day Year
5	(Type or print) Deon A SEX 6. COLOR OR RACE 7 MARRIED	#	B. DATE OF BIRTH	DEATH SURE LITTINGED	1966 1 YEAR IIF UNDER 24 HRS.
J.	7. MARRIEU	I WEAST MAURIED	B. DATE OF BIRTH	9. AGE (In years IFUNDER last birthday) Months	Days Hours Min.
100	JUSUAL OCCUPATION (Give kind of work done 10b. K	ا ليام	7-8-98	67 yrs.	TITEN OF MULAT
dur	Ing most of working life, even if retired)	INO OF BUSINESS OR NOUSTRY	11. BIRI MPLACE (COL	unty & State, or foreign country) 12. Cl	ITIZEN OF WHAT
13.	Housework FATHER'S NAME		Ho	mover, N. J.	USA
13,	PATHER'S HAWE		14. MOTHER'S MAIOE	IN NAME	
15	David Hopping. WAS DECEASED EVER INU.S. ARMED FORCES? 16.	COOLS CECUDITY NO. 1 17		hoenick	
	es, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address	44 8.0
	no		enry R. (ri)	open, In Oxford,	Md.
	18. CAUSE OF DEATH (Enter only one cause per li PART I. OEATH WAS CAUSED BY:	ine for (a), (b), and (c).]	11. les		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Helderig pe	ptic u lu		24 les.
	DUE TO				A 14 D 170 I
	conditions, If any, which (b)(b)				
	cause (a), stating the DUE TO				
2	underlying cause last. (c)				
TIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU			SEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
FICA	Cerebill Migue 17		au i pelle ia		YES NO NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enternature of	Injury in Part I or Part II of Item 18.)
SAL			CE OF INJURY (Home, far		inty) (State)
MEDICAL	Hour a.m. While p.m. 19 at work	MOT MUHE	ry, street, office bldg., etc		
	21. I certify that (I) (this hospital) attended				hat (1) (we) last
н	saw the deceased alive on 22 pug	9 19 46, and that	death occurred at 10		
	22a. SIGNATURE			ED. STAFF 7	ATE SIGNED
	22c. PHYSICIAN'S	M.0	PHYS. D	IRECTOR PHYS.	1-7-
		PRISON	ZZu. Adoktas	Certing Mesey Can	
238		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or cou	unty) (State)
	Bunial (Specify) 7/25/1966		etery	Oxford, Md.	Element of the second
24		ADDRESS	25a. REC'	0.00	SSIGNATURE
N	Mrs. mas to Alaus More 1 50	A Antain	1/1/01	26 1966 Milane	The Amode

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sector 2/2/1900 ox out concern

ABBIT BY THE TOTAL STREET AND THE ST

1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 11 CERTIFICATE OF DEATH	10525
4 F24		CERTIFICATE OF DEATH	/
after death. the funeral ges 1 and 2 after death.	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: F a. STATE MARY LAND b. COUNTY DO MARYLAND	RChESTEI
in by Pa		b. CITY OR TOWN (if outside corporate limits, write RURAL and give/nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give/nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give/nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give/nearest town)	09-2
filled paper in 72		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) The Stow Memorial Described Described	e. IS RESIDENC ON A FARM? YES NO
d wi mple cart, ent,	3.	NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BURTH 9. AGE IN years 15 UNDER	Day Year 4
execute n and co remove in any ev	1	MA/E COLORED WIDOWED DIVORCED Sept 20, 1902 65 pts. Months	Days Hours Min
ate be hysician please il, and ir		ADORER TACTORY JUNE MADE CO	OUNTRY? USF
certifica nding ph		NOAH DASHIELDS ALICE GERTRUSE WINDER. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address	R
e death the atter t permit ation, or	(Y)	is, no, or unkown) (If yes give war or dates of service)	
at the dea ian. d by the a ransit perr		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
law requires that the attending physician. has been signed by the as the burial-transit h prior to burial, cremat		Conditions, If any, which gave rise to immediate (b) arteroselectic sense design	Inhoun
ttending p ttending p has been as the b prior to b	2	cause (a), stating the DUE TO underlying cause last. (c)	
_ 0 = 0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
SICIA hospi s cert iched		20a. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of Injury in Part I or Part II of Item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NG by ffer be be Stat	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (Country of the country of the	unty) (State)
ATTENDING retained by CTOR: Afte Should be with the Star		21. I certify that (I) (this hospital) attended the deceased from 2 fg., 19 de to 3 from the causes and on the deceased alive on the causes and on the deceased alive on the causes and on the causes are causes are causes are causes are causes are causes and on the causes are caused and causes are caused are c	
TAL OR A may be right and process and proc		Stephen V. Cample M.D. ATTENDING MED. STAFF DIRECTOR DIRE	July 6 4
TO HOSPITAL OR ATTENDIPED PAGE 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	224	NAME (Type) Stephen P. Carney, M.D. Easton, Md.	unty) (State)
To F diring shir	23	BURGAY 7-1-66 61 SEY METH. WICOM	100 Md
VR A15 (4) 20M 1/65		James & Dashiell, Earloy ml, DATE JUL 1 1 1956 Miles	ele Judge

accept the second secon Charles and Marketines and Artist San Design Com Design EASTON MEMBERS IN THE TOTAL STATE OF A STATE THE PRINCE OF THE PRINCE OF 2 St 67 1 75 Was - Charles Charles 274 W 是了了。一个样的人,也就可能看一个的子子上一个一个一个一个一个 DE THE RESTRIETES TO LEASE PROFESSION OF STIMBLESS Stephen P. Carney, b. F. Laston, Md. Me some the state of the state of the state of the state of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapth. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10526

1. PLACE OF DEATH e. COUNTY 1	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
TOLDOT	e. STATE Maryland b. COUNTY Caroline
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
write RURALI and give nearest town) 40 hrs.	Greensboro 05-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
Memorial Hospital	Sunset Ave. ON A FARM?
3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
(Type or print) John Edwin	dingseld DEATH 7 28 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BURTH 9. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	12-29-1895 70 yrs. Months bays hours min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Tetires Sta. ngenier	Delaware USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Eddingfield	Mary R. White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address
(Yestmo, or unkown) (If yes give war or dates of service) 222-03-7321 M	ary Eddingfield Greensboro, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Con cuicoura of the	leng è neitastères ONSES AND DEATH
163 X DUE TO	
Cenditions, If any, which \ (b)	
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)_	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	1 DEDECIDMENT
old left hemiplegia	YES NO X
□ OR CONTRIBUTING □ CAUSE OF DEATH □	RED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Factory 20d. INJURY OCCURRED 20e. PLAC factory 20d. INJURY OCCURRED 20e. PLAC 20d. INJURY OCCURRED 20d. INJUR	7, 20 001, 011,00 0108-1, 010-7
21. I certify that (I) (this hospital) attended the deceased from 20	pely 1966 to 28 fely 1966, that (1) (we) last
	death occurred at 122M, from the causes and on the date stated above.
22a. SIGNATURE/	22b. DATE SIGNED
Millers Mas Al accessor M.D.	PHYS. DIRECTOR PHYS. DIS July 66
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Thurston Harrison M. D.	Dutchmans Lane, Easton, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVALISMENTS) 7-31-66 Greensboro	THE THE POLICE OF THE PARTY OF
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
yokn & Bowlard Threensboro	MH DATE AUG 1 1966 (Charley Jugar

VR AI5 (4) 20M 1/65

Builten ave. THE RESERVE OF THE PARTY OF THE Service of the servic entobrane Enter, sauton, Mary and at a no iron not man Arcter , ored present condenuero - -1-- Tarros

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 2DM 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10534

CERTIFICATE OF DEATH
2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a. STATE b. COUNTY

b. COUNTY

1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission
19/70T MARYLAND	a. STATE MARY SOUNTY TA SOFT
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow
Kura /	KURAL Rt.4 BOX 178
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	20-1 YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) PNNIE 7	-173 GERALO DEATH 7 30 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6	B. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HI Ast by though Months Days Hours Mir
TEINIFIE NEGRO WIDOWED DIVORCED	/ 10 0 4 /9 yrs.
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
LABORER DOMESTIC	IA/OUT, Mel WAR
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MENRY DENNINGS	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT
2 K-16-0857 M	ARIE BARTIST EASTON, Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	one onset and death
443 × DUE TO 11. 0 .	DNIA OUTO 1 TO
Conditions, If any, which	RMC alley month
gave rise to immediate cause (a), stating the DUE TO	1 1/-2005
underlying cause last. (c) 4495CVI	J YEAR
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1. WAS AUTOPS' PERFORMED?
ICA	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH BUT NOT REL	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While - Not While factor	ry, street, office bldg., etc.)
	1-4 -66 , 7-30 -66 : 60
21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 7-26 1966, and that	death occurred at IPAM, from the causes and on the date stated abov
22a. SICNATURE	22b. DATE.SICNED
M.D. Lyson M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Richard F. Tyson M.D.	36 S. Aurora St. Easton, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 15-0-06 unionUIII	ECEM. TAIDOT MO
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Mines to Washell Easter	my DATE AUG 11 1966 goliantes Judge
7/	

THE THE PERSON OF THE PERSON O Alternation of guerring of the poster of present the second of the secon The state of the s TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then nease, temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
10525	CERTIFICATE OF DEATH	10597

	T0000	CENTIFICAT	L OF DEATH			11341
1.			2. USUAL RESIDENCE	(Where deceased lived, If	institution: Residen	ce before admission)
	a. COUNTY TAL BOT		a. STATE Mary	land b. co	Caroli	no /
-	b. CITY OR TOWN (if outside corporate li	MARYLAND mits, c. LENGTH OF STAY IN 1b		utside corporate limits,		
	write RURAL and give nearest town)	U. ELNUTH OF STAT IN 15	11		WITTO WORKE SING &	are meaned term,
_	FASTON	5 days	Pres	ton	0.5	· 12
	d. NAME OF HOSPITAL OR INSTITUTION (I	t not in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Memorial H	ospital	R.F.	D.		YES NO
3.	NAME DF DECEASED	Middle	Jast	4. DATE Mo	nth Da	y Year
	(Type or print) + ARR	1 C	Hybarty	OF DEATH	7 - 1	- 19 (.6
5.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTI	Land bladeder	S IF UNDER 1 YEAR	
	Molo Males	VIDOWED DIVORCED	June 21,/189	7 last birthday	Months Days	Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done	el 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (Cour	nty & State, or foreign coun	try) 12. CITIZEN	OF WHAT
du	ring most of working life, even if retired)	INDUSTRY	Complian C	annta Nam-1	COUNTR	
13	Farmer L FATHER'S NAME	Farm	14. MOTHER'S MAIDE	County, Maryl		
13		uhamtu	14. WOTHER S MAIDE			nown)
	Stephen Fl				th (Last n	name
(Y	 WAS DECEASED EVER IN U.S. ARMED FORCE es, no, or unkown) (If yes give war or dates of serv 	S? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress	
	No		rs. Josephine	Fluharty, P	reston. M	d. R.F.D.
	18. CAUSE DF DEATH [Enter only one ca				INT	ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	1-524041/11A	1750 HIC	Hood	UN	ISET AND DEATH
	5 2 7 IMMEDIATE CAUSE (a)_	10	1			
	Conditions, If any, which	F. m. L. S.	0 1772	241		
	gave rise to immediate	Diriting 3	-1110	3119		
	cause (a), stating the	now mult	0.75 855			
z	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH OUT NOT DEL	ATED TO THE TERMINAL DIS	CERCE CONDITION CIVEN	INPART 1(a) 19	. WAS AUTOPSY
CERTIFICATION	PARTITION FICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT REL	ALED TO THE TERMINAL DIS	SEASE COMPILION GIVEN		PERFORMED?
5						ES ND
FT	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of I	njury in Part I or Part I	of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farr	m, 20f. (City or town)	(County)	(State)
EDI	Hour a.m.	Willie Mot Wille	ory, street, office bldg., etc	•)		
Z	p.m. 19	at work at work	10	75.1	10	that (I) (us) last
	21. I certify that (I) this hospital	11/16/		3> to		that (I) (we) last
1	saw the deceased affive on 22a. SICNATURE	(19), and tha	it death occurred at	AM, from the cause		
	22d. SIGNATURE PILL	1	ATTENDING MI	ED. STAFF	22b DAJE S	1911
	22c. PHYSICIAN'S	M.	D. PHYS. DI	RECTOR PHYS.	7 001	1,00
	NAME (Type)	1 Satwirt	ZZU. APORESS	to 011/2	· Ildr	
_	- F.C. 11	- 301111191	engi	11125	y or a	(01-1-)
23.	a. BURIAL, CREMATION, 23b. DATE THEF			23d. LOCATION (City,		(State)
	Burial July 3,	1966 Union Grove		Near Presto		
24	FUNERAL DIRECTOR	ADDRESS	25a. REC'	D BY RECISTRAR 25b.	REGISTRAR'S SIC	NATURE
18	Jamplom Ten	end Home Reder	College DATE J	JL 8 1966	guarle	Judge

VR AI5 (4) 20M I/65

Sandy rail FG. abaS Concline (won'y, heryled U.L.A. seen itallification 213-12-5309 Are desembled Liberty, Preside, Hilland Contisted and they make THE SALES THEORY COME THREE TO

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION

LU330 CERTIFICAT	E OF DEATH 10528
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE As b. COUNTY
1alboT MARYLAND	Maryland /albox
b. CITY DR TOWN (if outside corporate limits, write RURAL and give hearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
L EASTON 3da	Easton
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	ON A FARM?
3. NAME OF FIRST Middle	111 (hoptank Ave. YES NO be
3. NAME OF DECEASED (Type or print) HARRY RAYMOND	Last 4. DATE Month Day Year OF TLUHARTY DEATH 7 2 / 19 ()
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 19 AGE (In years IF IINDER 1 YEAR IF IINDER 24 HRS.
male white WIDOWED DIVORCED	10/16/1898 G7 6 cyrs.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY areen marine USM	Talkat Manuland Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Fluharty, Sr.	Elizabeth Frampton
15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
1101 18 2 218 01 100 M	rs. Dorothy E. Fluharty, Easton, M.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCAYCIAL	INTERCTION, HOUSE 40015
DUE TO Allarace Corn	1: Cla () 100-0 3.150
Conditions, If any, which gave rise to immediate (b) Therosciero's	Me Heart gistore 3913
cause (a), stating the DUE TO Conary A underlying cause last.	recy Atherosclerosis 3 yrs
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
FICA	YES NO
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of item 18.)
19 Harris Garti	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour a.m. p.m. 19 While at work at work	1.6 16 71
21. I certify that (I) (this hospital) attended the deceased from	0, 19 to 2 , 19 0 that (I) (we) last
	t death occurred at 3 AM, from the causes and on the date stated above.
22a. SIGNATURE She ch M.	D. ATTENDING MED. DIRECTOR DIPHYS. DIATE SIGNED 66
22c. PHYSICIAN'S NAME (Type) S. KRECH, JR.	22d. ADDRESS STON M &.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Benoval (specify) 7/23/1966 Woodlawn Me	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Marries to New Marrison that	OD MA GOATEJUL 25 1966 Scharles Cusas

A.15 1/65

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Sudhal	loute un			Tool Int	
	25.85			The Tar	
	iff augment the			الأفسين يبارند	
	7.5/107		и		
				in er arine	
	Julieport Ambreil		, The green and	James L.	
	= 0	un toid seri	Low White or	Q A micro	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and exampletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in(any event) within 72 hours after dept. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10537
CERTIFICATE OF DEATH

	TOOOL	CERTIFIC	AID	UF DEATH	10590
1.	PLACE DF DEATH a. COUNTY		H	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
	Tal 601	MARYLA	AND	a. STATE Maryland b. COUNTY Ca	roline
	b. CITY OR TOWN (if outside corpora	ate limits. L.C. LENGTH OF STAY I		c. CITY OR TOWN (If outside corporate limits, write RURAL	
	write RURAL and give nearest to	Nn)		Greensboro	05.2
	d. NAME OF HOSPITAL OR INSTITUTI	ON (if not in hospital, give street add	dress)	d. STREET ADDRESS	e. IS RESIDENCE
	-asion 1	Memorial			ON A FARM?
3.	NAME OF F	Irst Middle		Last DATE Month	Day Year
	(Type or print) Boy	Boy (201	FIT DEATH COLLY 2	0 1966
5.	SEX 6. COLOR OR BACE	7. MARRIED NEVER MARRIED	X 8.	1 - 1 - 1 - 1 - 1 - 1 - 1	YEAR IF UNDER 24 HRS.
	MW	WIDOWED DIVORCED		July 19 1966 last/oirthday) Months	Days Hours Min.
10a dur	. USUAL OCCUPATION (Give kind of working most of working life, even if retire	kdone 10b. KIND OF BUSINESS OR INDUSTRY			TIZEN OF WHAT
		THE STATE		TTC.	
13.	FATHER'S NAME	2 : 22 : -		14. MOTHER'S MAIDEN NAME	
	Charles M.	Griffith		margaret ann Dick	er506
15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FOR STATE OF UNKNOWN) (If yes give war or dates	of service)	17. 1	NFORMANT Address	
	No	None	Ch	arles Griffith Greensboro	. bM.c
		ne cause per line for (a), (b), and (c).	1		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY		466		0.1001 7.110 0.01111
	1625 DUE	то О	_	7	
	Conditions, If any, which gave rise to immediate	(b) mma	lus	ily	
		E TO 0. 7	-	1.0	
z	underlying cause last.	(c) / Nomeel	we	Getting	
100	PART II. O THER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FIC	Decond	87		1 com	YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH INER) 20b. DESCRIBE HOW NJURY	r OCCUR	REED. (Enter nature of injury in Part I or Part II of Item 18.)	
CAL	20c. TIME OF INJURY Month, Day,	Year 20d. INJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
MEDICAL	Hour a.m. p.m. 19	While at work at work	factory	y, street, office bldg., etc.)	
	,	pital) attended the deceased fro	m	, 19 , to , 19 , 19	_, that (I) (we) last
	saw the deceased alive on	1 20 1966 an	d that	death occurred at 70 M, from the causes and on th	•
	22a. SIGNATURE	71/1/2		22b. DA	TE SIGNED
	John 4	thewhuson	M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	-23-66
	22c. PHYSICIÁN'S NAME (Type)			22d. ADØRESS	
					- trail
23a	REMOVAL (Specify)			OR CREMATORY 23d. LOCATION (City, town or cour	
24.		2-66 Greensb	oro	CPONS NEGISTRARY 250 REGISTRARY	aryland
1	24. FUNERAL DIRECTOR ADDRESS ADDRESS 25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE Clearly Judge				
6	10000	and ween	ملح	DATE JUL 21 1990	0
	6-199858				

VR A15 (4) 20M 1/65 most series and temperate the Hinterior Most level . December 1 1977 BELLES . encon Target of the second of the se

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
	E OF DEATH				
1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Description MARYLAND April 1. PLACE DF DEATH a. COUNTY Description Maryland Description Caroline					
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL end give nearest town)				
d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Federalsburg - Rural 05 4				
Lastou alluaria	d. STREET ADDRESS Near Hickory Hill On a Farm? YES ND				
3. NAME DF (A199 known First Wood) Middle (Type or print)	Last J. DATE Month Day Year DF DEATH 7 1966				
	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR FUNDER 24 HRS. Bast birthday) Months Days Hours Min. M				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer and Carpenter	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Caroline Co., Maryland USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Arthur Handy	Annie Hubbard				
(Yes, no, or unkown) (If yes give war or dates of service)	rs. Mary V. Handy, Federalsburg, Md., RFD				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	eurantii Interval Between Onset and Death				
Conditions, If any, which (b) English	In				
gave rise to immediate cause (a), stating the DUE TO					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING TO COURSE HOW INJURY OCCURRED. (Enter nature of Injury In Pert I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at w					
					t death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. 22b. DATE SIGNED 22c. PHYSICIAN'S 22d. APORES					

BURIAL, CREMATION, REMOVAL (Specify) Burial LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. 23d. (State) July 23, 1966 Hill Cr ADDRESS Federalsburg, Maryland REGISTRAR | 25b. REGISTRAR'S SIGNATURE Crest Cemetery FUNERAL DIRECTOR REC'D BY REGISTRAR 25a. 1966

from a considerable of a factor of the contract of the contrac a sometiment of the second Suclean, entrois things in an at male Marie Strate Here Many W. Landy Couler Boorn, Swi. the second of the second A STATE OF THE PARTY OF THE PAR Constitute and the latest transfer of the lat

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours hours STON .⊆ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ELWOOD NO YES within completely carbon 3. NAME OF First Middle Last OATE Month Oay Year OECEASED event, (Type or print) DEATH 19 executed 6. COLOR AGE (In years | IF UNDER 1 YEAR | last birthday) | Months | Days remove 7. MARRIEO NEVER MARRIED 9. IF UNDER 24 HRS. Months **Oays** Hours and in any WIOOWEO [OIVORCEO [yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY and BIELD SUPR-DEPT. of certificate removal. MOTHER'S MAJOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 703 ELWOOD permit. 0 death (Yes, no, or unkown) (If yes give war or dates of service) EASTON, cremation, the INTERVAL BETWEEN CAUSE OF DEATH [Enter only one gauge per line for (a), (b), and (c).] that the been signed by the burial-transit or to burial, cremit ONSET AND DEATH I. OEATH WAS CAUSED BY attending physician. davs IMMEDIATE CAUSE (a) **OUE TO** afterosclerasis law requires Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the as th underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES NO retained by the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [I be detached for State Dept. of F 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING p.m. 19 at work at work director, page 3 should should be filed with the P 21. I certify that (I) (this hospital) attended the deceased from 1966 saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED pe ATTENDING PHYS. M D. DIRECTOR PHYS. PHYSICIAN'S 22d. AODRESS NAME (Type) EC BURIAL, CREMATION, 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23d. (State) REMOVAL (Spedity) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 25b. 25á. REC'O BY REGISTRAR VR A15 (4) DATE

CARRIED TALBOT De- 18 1710 - 25 FIELD SEAR TRANSFERRARY SECRETLY - THESE COUNTY PID SHELL BE JOSEPH & HARRISON HATTLE A WARDER Less year told April James S. Harrisdel Emisen, This water the modis, Left Middle Copy best Artism as days Cert brak Atteress en ens TONG OLD OF CEMETERS, ST. MICHELLE AVE THE SECOND PROPERTY OF THE PROPERTY OF THE PARTY OF THE P

and 3 to

deloy

in pencil in Item 18. Give Poges 1,

This certificate should be executed within 24 hours ofter death.

pending

writing the word

please execute the certificate,

AL EXAMINER:

O DEPUTY

9

VR A15ME (5) 6M 1/66

P.M.3. Page State Department of 2 hours after death. form hours Office olong with withhe pages lond v the Chief Medical Examiner's File permit. or remavol, burial-transit burial, cremation, forwarded to 0 0.5 nsed 10 pe 4 should be Health or its designated ogent, prior 3 should FUNERAL DIRECTOR: Page Page the funeral director.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10540 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) write RURAL and give nearest town e. IS RESIDENCE ON A FARM? YES NO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS # Memoral 3. NAME OF Middle DATE First 4. Manth DECEASED (Type or print) DEATH IF UNDER S. SEX 9. AGE (In years Months Davs WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) HOSPHITALKECORdS NO 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Diabetic Acidosis IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Large undrained vulva vaginal abscess 12 days rise to immediate couse (a), DUE TO stoting the underlying couse Diabetes vears PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY CERTIFICATION PERFORMED? YES 3 NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inquiry x Inspection and in my apinion deoth resulted fram: Notural couses 🔀 Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER

ACTUAL SIGNATURE

R. Layton, M.D.

ASSISTANT MEDICAL EXAMINER

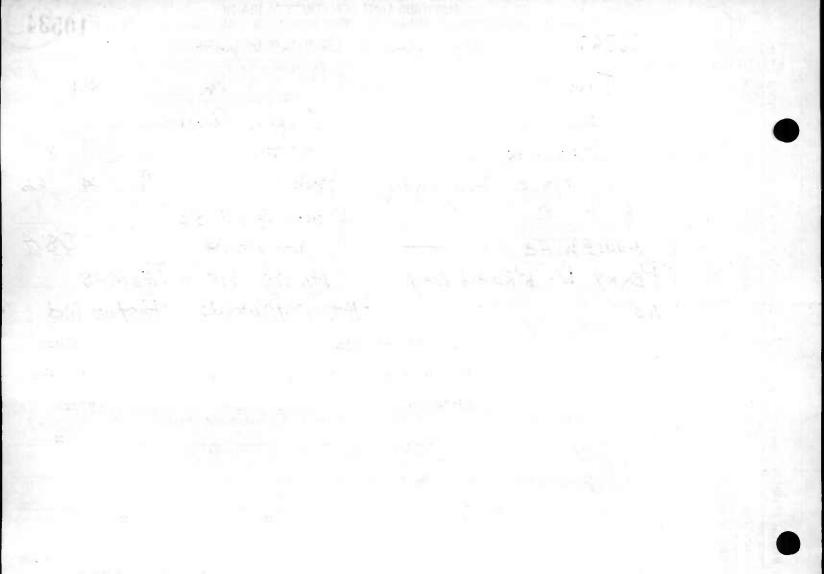
DEPUTY MEDICAL EXAMINER \$ 104 S. Liberty Address (Street, city, town, or county) Centreville Q.A. Md.

23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, CENTER VILLE CEM.

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

EXAMINER'S



ADDRESS

VR A15 (4)c 20M 1/65

FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b.

1966 DATE

25a.

(County)

e. IS RESIDENCE

Year

196

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTDPSY PERFORMED?

NO

(State)

60

(State)

FUNDER 24 HRS

YES

Day

12. CITIZEN DF WHA]

COUNTRY?

ON A FARM? NO V

The Control of the Co The state of the state of the state of Femole Wedes LADORER DONESTIS TABOUT MIS ILLE JAMES THOMAS FOITH GIBBS Happing Edwin Fishering Martine For Treatment and So S. Martines St. To S. Bucar 7-22-66 120 mm THE REPORT OF THE PERSON OF TH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10542

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE Maryland b. COUNTY C.	Residence before admission)
b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	
Gas true 2 W Rural Greensboro	05-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Ulluarial - Eastout, None	YES NOT
3. NAME DF DECEASED (Type or print) Harry Blusch 11401 Seath 7/26	Day Year
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN Years IFUNDER	
Male White widowed Divorced Feb. 6, 1910 last birthday) Months	Days Hours Min.
Laboror Maryland	ITIZEN OF WHAT DUNTRY?
13. FATHER'S NAME	
Herman Hickman Sarah VanSant	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITYND. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)	
No 218-09-7918 Myrtle Taylor Greensboro,	Maryland
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LESS WE WITH CEREBIAL	INTERVAL BETWEEN ONSET AND DEATH
33/8	
[Conditions, If eny, which] (b) (believed leage	Ches,
gave rise to Immediate cause (a), stating the DUE TD	74.
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18	3.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18 (IF EITHER, NDTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 9	unty) (State)
21. I certify that (I) (this hospital) attended the deceased from 26 fully , 1966, to 26 fully , 196	(C, that (I) (we) last
saw the deceased alive on 19 44, and that death occurred to M, from the causes and on	
ATTENDING MED. STAFF	PATE SIGNED
22c. PHYSICIAN'S M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	puly als
NAME (Type)	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	unty) (State)
Burial 7-30-66 Greensboro Greensboro Burial 7-30-66 Greensboro	arvland_
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
John 5 Boulais Duenson my DATE AUG 1 1986 John	res judge

entions Carolina Runel Consumer Ton Entry devail Regulated Id - congress All-red Profits Testor Cotenes on, Herritan

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10543 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY TAIDOT	a. STATE MARVIDALD b. COUNTY DIROUTH AMIE
b. CITY OR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Point
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
MEMAN OF A 1	DN A FARM?
FIFTHUR IT LA HOSPITAL	YES 🔀 ND
3. NAME DF First Middle	Last 4. DATE Month July Day 2 Year 66
(Type or print) JOHN SEENEV	KIMDIES DEATH
5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MI WIDOWED DIVORCED	TED 10, 1888 last birthday) Months Days Hours Min.
102. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) INDUSTRY	MARVIAND
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM V. KIMBLES	MARY SENEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	INFORMANT // Address /
(Yes, no, or unkown) (If yes give war or dates of service)	MARQUERITE KIMBLES- RICE MD.
[18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: AROLLY THM	DNSET AND DEATH
1 HMEDIATE CAUSE (a) 14 17 17 17 17 17 17 17 17 17 17 17 17 17	
Cenditions, If any, which \ (1) At WITE MI	OCARDIAL INFARCTION 12 days
gave rise to immediate	o Chieffire i invarior je any
cause (a), stating the DUE TD underlying cause last.	
(0)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY
TAKT II. DWIEK SIGHT TOAM CONDITIONS CONTRIBUTING TO DEATH BUTTOT KED	PER DRMED?
O ACCURENT WAS UNDERLYING TO LOOK DESCRIPT HOW WHILE A COL	YES NO [
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor p.m. 19 at work at work	pry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Tely / 19 to 1914 /2 1966, that (1) (we) last
saw the deceased alive on 7-12- 199, and tha	t death occurred at 35M, from the causes and on the date stated above.
22a. SIGNATURE	L COL DATE GLONED
Mayer I mills M.	D. ATTENDING X MED. O. PHYS. 220. DATE SIGNED O. PHYS. 27 - 66
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
DORSET D. SMITH	HI KHOTON MD.
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL JULY 15 CHURCH	HILL CHURCH HILL MP.
24 FUNERAL DIRECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
I'da. Tidana (hungh 11:11)	not 1111 10 1000 Polisula Judas

5 (4) 1/65 A15 20M

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY Page deloy is ond 3 to Jo. death. Maruland MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give nearest town) puo P.M3 write RURAL and give nearest town 34 rural EASTOR d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRES th the Stone Dep with farm Baileus Neck RFD in Item 18. Give Pages This certificate should be executed within 24 hours ofter death. 3. NAME OF DATE Lost DECEASED OF Rence Jule Type or print DEATH Office olong SEX 6. COLOR OR RACE 7. MARRIEO K DATE OF BIRTH AGE (In years NEVER MARRIEO Softhdoy) × × WIOOWEO OIVORCEO ond 2 event 10o. HSUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) INOUSTRY ony executive Pachine word "pending" in pencil in the Chief Medical Exominer's podes 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME 2 isha Kirk Helen Tundel File puo WAS OFCEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO David K. Eichler Phila. (Yes, no, or unknown) (If yes give wor or dotes of service removal. no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. OEATH WAS CAUSED BY: buriol-tronsit CCI Oronar 0 IMMEDIATE CAUSE (o' e certificate, writing the word should be forwarded to the Ch cremation, 4201 DUF TO Conditions, if ony, which gove (b) rise to immediate couse (a) OUE TO stoting the underlying couse 0 buriol, o nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION the certificote, 0 pe 20o. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING EXAMINER: CALISE OF OEATH. Health or its designated agent, MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20f. (City or town) Hour o.m. foctory, street, office bldg., etc.) While Not While moy be retained for your FUNERAL DIRECTOR: Poge Poge 19 ot work ot work pleose execute 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry director. Natural causes Accident [] death resulted fram: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE the funerol O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county)

VR A15ME (5) 6M 1/66

23o. BURIAL CREMATION

23d. LOCATION (City or Town)

(County) (Stote)

10536

e. IS RESIDENCE ON A FARM?

YES NO X

Year

1966

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMEO?

and in my apinian

22. DATE SIGNED

NO

(Stote)

Talbox

Ooy

Oovs

12. CITIZEN OF WHAT

CONCLIAS.

IF UNDER 1 YEAR

Months

Woodlawn Memorial Park

2Sb. REGISTRAR'S SIGNATURE

(County)

24. FUNERA DIRECTOR E. NEWNAM & SON, Easton, Md.

23h DATE THEREOF

lanky as and the second section of the second sections of the second section section section sections and second section sectio a to the property of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10537 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH b. COUNTY o. COUNTY Page 9 and 3 to MARYLAND delay Stote Deportment b. CITY DR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) OA e. IS RESIDENCE ON A FARM? d. NAME DF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS form hours in Item 18. Give Pages 1, nemor YES NO Z This certificate should be executed within 24 hours after death. olong with DATE Year 3. NAME OF Doy DECEASED OF Sidney 19 66 DEATH Vithin (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months lost Hours Doys DIVORCED WIDOWED lond 2 event 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR COUNTRY 2 INDUSTRY during most of working life, even if retired) any aloi poges in any e, writing the word "pending" in pencil in forwarded to the Chief Medical Exominer's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME and 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. @600R1 (Yes, no, or unknown) (If yes give wor or dotes of service) ar removal. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) please execute the certificate, writing the word burial, cremation, DUE TD Conditions, if ony, which gove rise to immediate couse*(o), DUE TO stoting the underlying couse 0 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO pe designoted ogent, prior to 4 should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While 5 moy be retoined for your to FUNERAL DIRECTOR: Page ot work ot work described obave, held an Autapsy and in my apinion 21. I certify that I took charge of the remains Inspection for Suicide [the funeral director. death resulted fram: Natural causes Accident Hamicide Undetermined manher be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** ARRISIN Health 17 510 Address (Street, city, town, or county) NAME (Type) DATE THEREOF LOCATION (City or Town) (County) (Stote) BURIAL CREMATION REMOVAL (Specify) 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5)

6M 1/66

14 11-15-55

funeral and 2 death. after à hours = filled within completely carbon and con iclan sase r certificate the attendi attending physician. the hospital or PHYSICIAN: After Id by be retained may HOSPITAL

and 2 areath. after within 72 event, any 5 and 5 cremation, been signed by the burial-transit or to burial, crema

papers. 172 hours ificate has be for use as the Health prior t r this certificate h detached for use te Dept. of Health be detached State Dept. of the DIRECTOR: age 3 should lied with the page TO FUNERAL director, p

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY deen MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) HESTER d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address e. IS RESIDENCE ON A FARM? NO X 3. NAME OF First Middle DATE Last Month Year DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIEO last birthday) Months Days Hours WIDOWEO OIVORCEO [880 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY COUNTRY? SECRETAR ORPORATE 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, po, or unkown) (If yes give war or dates of service) SPANISH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? YES NO T 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work p.m. 21. I certify that (I) (this hospital attended the deceased from 19 that (I) (we) last saw the deceased alive 34 M. from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE DATE SIGNEO ATTENOING STAFF DIRECTOR PHYS. ADDRESS PHYSICIAN'S 22d. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) CLI SILVERBROOK EMATION 0 FUMERAL OIRECTOR 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charley

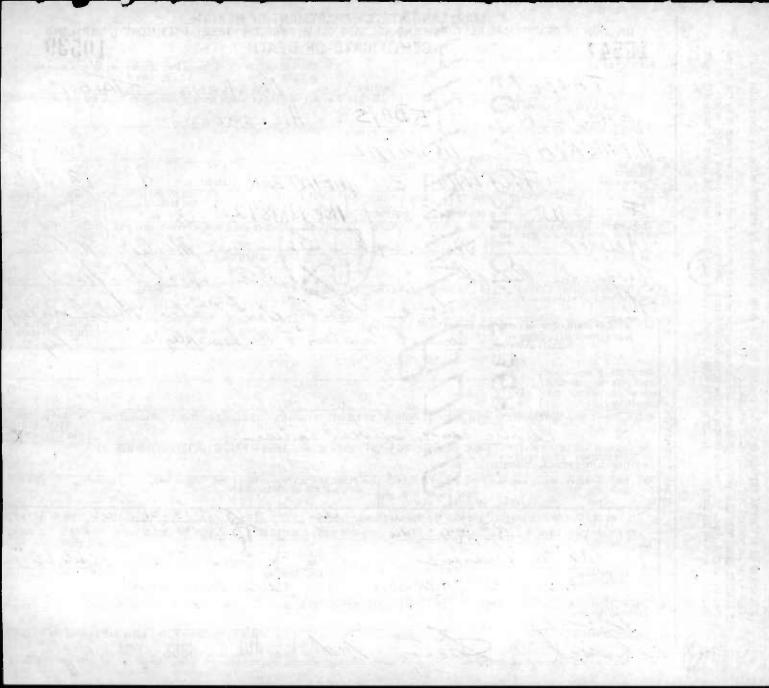
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10539 TOFIN

4. 20.4.	10547 CERTIFICATE OF DEATH
death.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
	a. COUNTY b. COUNTY
te le	MARYLAND MARYLAND MARYLAND MARYLAND
the after	b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)
hours d in b rs. Pa	EASTON SUMS MILLSBORD
ed ers 72 l	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
4 - 0.	
	MIPHON/175 MOPILIFE YES NO
vithin letely rbon , with	3. NAME OF First Middle Last . 4. DATE Month Day Year DECEASED DF
w plant	(Type or print) THORENCE E. MEINTZER DEATH 7 13 1966
executed within and completely remove carbon n any event, with	E CEV I C ONLOR DO DATE I
xecute and co emove any ev	Also in Ignation Ignate Ig
and emo any	WIDDWED DIVORCED NOO, A, 18/2 93 yrs.
an an I	1Da. USUAL OCCUPATION (Cive kind of work done 10b. KIND DF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT
D SS C	during prost of working life, even if retired) INDUSTRY COUNTRY?
certificate b nding physici Then pleas removal, and	Villing House work Jusen Unas Marylan H. S. G.
을 두 기	13. FATHER'S NAME
# 88 B	a Vada a la
e e	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ten iit. or r	(Yes, no, of unknown) (If yes give war or dates of service)
death he atte permit tion, or	The More Man Contact will be a los
	18. CAUSE DF DEATH [Enter only one cause per Jine for (a), (b), and (c),]
y t sit	
at tall and d b d b cre	PART I. DEATH WAS CAUSED BY: Clredial Respectors & Pet. Kesse plegia
- Te c +	332 X
s t iysi ign rial ria	DUE TO
ph bu bu	Conditions, if any, which (b)
een to to	gave rise to immediate cause (a), stating the DUE TO
2000	undashina asaa laak
law tten has as as pri	
_ a a _	PERFORMED?
To cat	Eleganic Completion West failure YES NO NO
affine wheel the same	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 of Item 18.)
spit spit spit erti ed 1	B DR CONTRIBUTING CAUSE OF DEATH
HYSICI ne hos this ce etache Dept.	
PHYSICIA the hospi this cerl detached e Dept. of	ZDc. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 2Df. (City or town) (County) (State) 4 work 2 miles 2
L 40	Hour a.m. While Sactory, street, office bidg., etc.)
line by Stat	
Ped Ped	21. I certify that (I) (this hospital) attended the deceased from the 1965, to 13 feels, 1966, that (I) (we) last
OR:	saw the deceased alive on 13 help 1966, and that death occurred at 95 M, from the causes and on the date stated above
retail recrois 3 sho with 1	22a. SIGNATURE /
or be	AMERICAN CALLED
AL OR lay be L DIR page filed	M.D. PHYS. DIRECTOR PHYS.
RAL May	22c. PHYSICIAN'S
Tor Tor	NAME (Type) 1 HORSTON HARRISON Carter Kease land
TO HOSPITAL OR Page 4 may be to FUNERAL DIR director, page should be filed	
Pa dir sho	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
= = "	142
0	24. EMERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE
V 200 000	Make 1 1 10 sopo and
VR AIS (4)	DATE JUL 19 1960 Change Outer



ATTENDING PHYSICIAN: The law requires that the death certificate be executed

_		-	-	
1		1	_	
No.		7		
	70			
	-	-		

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10548

10010				
1. PLACE OF DEATH		2. USUAL RESIDENCE	(Where decessed lived, If it	nstitution: Residence befold edmission)
Talbot	MARYLAND	•. STATE Md	b. COUNT	Talbot
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write	RURAL and give nearest town)
Easton	life	Easton		20-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
636 Dover Road		636 Do	ver Road	YES NO Y
3. NAME OF DECEASED (Type or print) Ruth Beckley	Morgan	Last 4	OF DEATH 7/	31/66 19
5. SEX 6. COLOR OR RACE 7. MARR	IED X NEVER MARRIED B	. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
F W WIDOW		5/30/1898	last birthday) 68 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR		& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Talbot		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	4234
Al Carroll		Eliza Gr	iffith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.		Address	
(Yes, no, or unkown) (If yes give wer or detes of service)	20-44-5805-B	Arthur J	Morgan Eas	ton. Md.
1B. CAUSE OF DEATH [Enter only one cause per		WI OHAT O.	THOIS an Tras	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	A	1 0.0 T	0- 51:	ONSET AND DEATH
IMMEDIATE CAUSE (e)	and may of	ardice In	fer ctron	- I nous
9 del DUE TO			V	
Conditions, if eny, which (b)				
gave rise to immediate cause				
(e), steting the underlying cause last.				
(0)	INTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	EN IN PART 1(e) 19. WAS AUTOPSY
OF				PERFORMED?
20a, ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURED	(Enter neture of injury in Per	t I or Pert II of item 18.1	
OR CONTRIBUTING CAUSE OF DEATH	SCRIPT HOW HOOK! OCCURED	. Trues Hordie of Infait III Let		
0		CE OF INJURY (Home, ferm, 'ory, street, office bldg., etc.)	2Df. (City or town)	(County) (State)
Hour e.m. Whi	THOI WILLIAM	ory, siledi, Onice Didg., efc.)		
21. I certify that (I) (this hospital) atte			to	19 that (I) (we) las
saw the deceased alive on				and on the date stated above
22a. SIGNATURE Sheel	10 "	ATTENDING MEE	D. STAFF	8.1.66 SIGNED
22c. PHYSICIAN'S S. KRECH	H,JR.	22d. ADDRESS	ASTON,	Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (City, tow	rn or county) (State)
Burial 8/3/66	Spring Hil	1	Easton,	Md. Talbot
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, REC'D	BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE
The Jay D. Heverin Fun	eral Home. E	aston DATE AU	4 1966	Minter Judge
TITO ONLY TO THE TAIL	ALVINO	YOU Y VAN		

VR A15 (4) 15M 7/61

Joulet .M. nonic velices can. 89 - 8681/08/5 Taibot noceersts sting orling Al Carrol IA 280-44-5005-9 Arthur J. Foress Boston, Md. The day D. Leverin Lameral come, Matton

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please romove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10543
CERTIFICATE OF DEATH
10542

TOOKS	OLK III IOATI	L OI DEATH		11/02/
1. PLACE OF DEATH a. COUNTY		- OTSTE	h could	titution: Residence before admission)
Talbot	MARYLAND	a. STATE Maryl	and	Kent
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	lde corporate limits, wri	te RURAL and give nearest town)
St. Michaels	2½ years		dyville	14-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS	-	e. IS RESIDENCE ON A FARM?
Rio Vista Nursing Home				YES ND
3. NAME DF DECEASED (Type or print) Edmund Bur	ke Penni	ngton 4.	DATE Month OF DEATH July	27, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED [White WIDOWED]	MEVER MARKITED	8. DATE OF BIRTH Nov. 8, 1874	to at Clubbolant !	
1Da. USUAL OCCUPATION (Give kind of work done 1Db. Kliduring most of working life, even if retired) IN	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	& State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Farming Agr	iculture		Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
	nington	Mary Tu	Addres	202
(Yes, no, or unkown) (If yes give war or dates of service)		INFORMANT		PRICE •
No		izabeth Penn	lington, St	. Michaels,
18. CAUSE DF DEATH [Enter only one cause per lii PART I. DEATH WAS CAUSED BY:	ne for (a) (b), and (c).]			ONSET AND DEATH
IMMEDIATE CAUSE (a)	earpro			roudy
Conditions, If any, which	soul of in	lie con ela	10 K	11
gave rise to immediate	- w-pecca	1	4	
cause (a), stating the underlying cause last.	adio 1/0	yd,		
	TING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEA	SECONDITION GIVEN IN	PART1(a) 19. WAS AUTOPSY PERFORMED?
& savanced se	mile ch	euger.		YES NOCE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	JRRED. (Enter pature of Inju	ry In Part I or Part II o	f Item 18.)
	JURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm,	2Df. (City or town)	(County) (State)
ZDc. TIME OF INJURY Month, Day, Year 2Dd. IN Hour a.m. While p.m. 19 at work	Mot While	ory, street, office bldg., etc.)		//
21. I certify that (I) (this hospital) attende	d the deceased from	963,19	_, to 2-27	, 1960, that (I) (we) las
saw the deceased alive on 2 2 4	18/6, and that	t death occurre at 39/	4M, from the causes	and on the date stated above
22a SIGNATURE	0 1/1		- STAFF	22b. DATE SIGNED
220 PHYSICIAN'S	У/ М.Г	D. PHYS. DIRE	CTOR PHYS.	2-22-46
MAME (Type) m Reese	er &	Amic	charle	mel.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETER		23d. LOCATION (City, to	
Burial 7-29-00	Shrewsbury	Cemetery	Kennedyvi. By REGISTRAR 25b. R	FRISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR	Still Pond	. Md. Jul	29 1966	Charles Juage
villor VI verneag	/	DATE		4 0

VR A15 (4) 15M 4-64

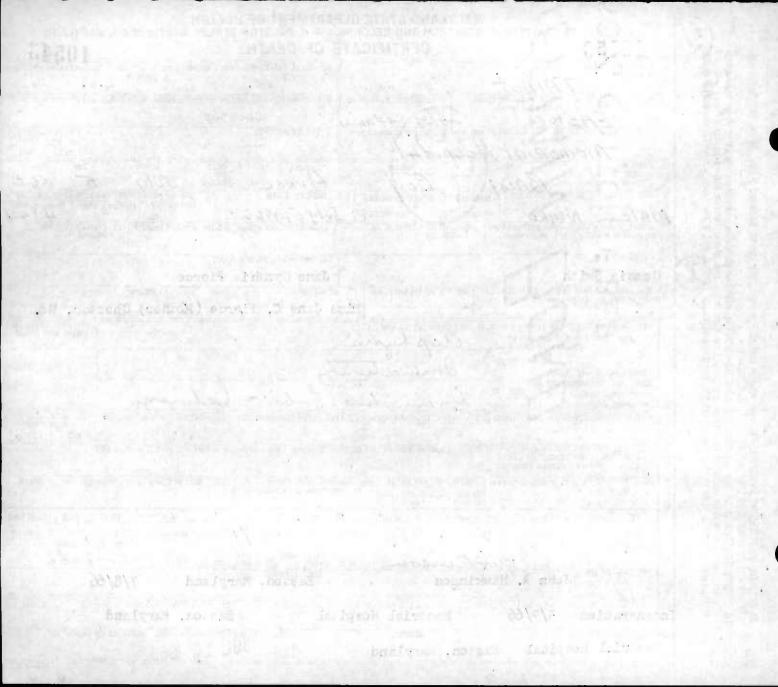
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MM	ARYLAND STATE DEP	ARTMENT OF	HEALTH	
DIVISION OF STATISTICAL RE				1. MARYLAND
10550	CEDTIFICATE		,	

10550	CERTIFICAT	E OF DEATH		10543
1. PLACE DF DEATH a. COUNTY				tution: Residence before admission;
TAlhat	MARYLAND	a. STATE Md.	b. COUNT	Y Q.A.
b. CITY OR TOWN (if outside corporate li		c. CITY DR TDWN (If out	side corporate limits, writ	e RURAL and give nearest town)
write RURAL and give nearest town)	4 hrs delining	Che	ster	17.2
d. NAME OF HOSPITAL OR INSTITUTION (F	f not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
memorial	Mash: tal	Rt	1. Fax 275	ON A FARM?
3. NAME OF First	Middle	Last 4.		Day Year
(Type or print) Rah	Ball	Pierce	DE DEATH TULL	5 1966
E CEY COLOR OR PAGE	MARRIED NEVER MARRIED	8. DATE OF BIRTH	19 ACE (In year 116	LINNED 1 YEAR HE HINNER 24 HR
4-1 41	VIDOWED DIVORCED	July 5, 1966	last birthday)	
10a. USUAL OCCUPATION (Give kind of work done			y & State, or foreign country)	1 12. CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY	ml	, a carry or lorough country,	COUNTRY?
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN	NAME	
Cassie Smith		Jane Cynthia		
15. WAS DECEASED EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unkown) (If yes give war or dates of serv	rice)			Chasten Wd
1 10 OALION OF PRATIL SE-A		ss Jane C, Pie	rce (Mouler)	
18. CAUSE OF DEATH [Enter only one call PART I. DEATH WAS CAUSED BY:	use per line for (a), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	asphyria			
DUE TO	2	1		
Conditions, If any, which gave rise to Immediate (b)_	ommatur	3		
cause (a), stating the DUE TO	0	folia &	Daling	
underlying cause last. (c)_	CONTRIBUTING TO DEATH OUT NOT DEL	Javoc 0	TO THE STATE OF TH	DT 1/2) 110 WAS ALITODOV
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ON TRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISE	ASE CONDITION GIVEN 1977	PERFORMED? YES NO
2Da. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Inj	ury in Part I or Part II of	Item 18.)
2Dc. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
ZDc. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	While Not While factor	ory, street, office bldg., etc.)		
21. I certify that (I) (this hospital		TILLY 5 106	6 m T111 U 5	, 19 66, that (I) (we) last
saw the deceased alive on J	1966, and that	t dooth cooursed at 9		
22a. STONATURE	19 56, and tha	t death occurred at	LZIVI, ITOITI LITE GAUSES AT	22b. DATE SIGNED
John Offer	wkinson M.C	D. PHYS. MED		7-8-66
22c. PHYSICIAN'S John A. Hay		22d ADDRESS Ma		
NAME (Type) JOHN A. Ha	wkinson	East on, Ma	ryland 7	/8/66
23a. BUTTAL, CREMATION, 23b. DATE THER CONTROL STATE THER	REOF 23c. NAME OF CEMETERY Memorial Hospi	Y OR CREMATORY	23d. LOCATION (City, tow Easton, Maryl	
24. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
Memorial Hospital E	aston, Maryland		L 1 3 1966	m.
100000	THE THE PERSON NAMED IN COLUMN	DATE	- TO 1000	Marley Justa
0-199829				0

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10551 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY Page Deportment of deoth. MARYLAND delay b. CITY OR TOWN (If autside carparate limits CLENGTH OF STAY IN 16 c CITY OR TOWN and write PURAL and P.M3. after d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION (If not in haspital, give street address) hours form in Item 18. Give Pages 1, YES NO T Stote ofter deoth. with 1 Middle 3. NAME OF First 4. DATE Month Day DECEASED a (Type or print) DEATH olong 2 with 1 with F UNDER 24 HRS SEX 6 COLOR OR RACE 9. AGE (In years 7. MARRIED last birthday) Months Days This certificate should be executed within 24 hours Office any event 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) lan during most of working life, even if retired) COUNTRY CONDUSTRY to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN in pencil = pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT or removal, (Yes, no, ar unknown) (If yes give war ar dates af service) "pending" INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) writing the word burial, cremotiop, DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause 0 forwarded last. nsed WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION please execute the certificate, pe its designoted ogent, prior to should be 2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 3 should l PRIMARY Or CONTRIBUTING O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, farm, 2Df. (City ar town) (County) (Staté) factory, street, affice bldg., etc.) Haur a.m. Not While may be retoined for your FUNERAL DIRECTOR: Poge Poge ot work 21. I certify that I taak charge of the remains described above, held on Autopsy Inspection | Inquiry ond in my opinian funeral director. Accident X. Suicide _____, deoth resulted from: Notural couses Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE necessary, DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) the NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) BURIAL, CREMATION 0

VR A15ME (5) 6M 1/66

Columbia Colored Award Comment of the HONE TO THE STATE OF THE STATE THE RESERVE THE PARTY OF THE PA 12-1-15

Daniel Brown a comment

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death and PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY ALBOT by the f Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) oon papers. Pag within 72 hours CNETREVILLE .≡ MOS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ROUTE # 3 ON A FARM? EASTON BOX THE PINES HOUSE YES NO executed within completely carbon 3. NAME OF First Middle DATE Month 4. DECEASED SHEUBROOKS 66 JOHN lease remove carl and in any event, (Type or print) DEATH 19 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months I and (/14/1880 Days Hours M WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) the attending physician t permit. Then please certificate be during most of working life, even if retired) COUNTRY? KETIRED MARMER ARMINO 13. FATHER'S NAME removal, MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 17. 0 (Yes, not or unkown) | (If yes give war or dates of service) cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN been signed by the the burial-transit for to burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the prior underlying cause last. **ECTOR:** After this certificate has 3 should be detached for use as with the State Dept. of Health prio (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL (County) (State) TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) Not While factory, street, office bldg., etc.) Hour a.m. While OR ATTENDING at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from O FUNERAL DIRECTOR: and that death occurred at 1220M, from the causes and on the date stated above. 1900 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING STAFF 10 Page 4 may b DIRECTOR M.D. PHYS. PHYS. PHYSICIAN'S 22d. ADDRESS 22c. pe NAME (Type) director, ON plnods BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL/(Specify) URIA FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. VR AI5 (4) 20M 1/65

CE GILL Endlyser in Statute of School 195 -SOFFIE DE NOTE DE LE LES LA 25 068 ALASZAL SAMERAN SAMERAN State of the second of the sec AND ASSESSED TO THE PERSON OF the state of the s and the court of The state of the s 50, 60) to 3 AND THE PROPERTY OF THE PARTY O I SEE THE PROPERTY OF THE PARTY OF THE PARTY

		1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLANI	D 21201
FOR S	STATEM		10553 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10546
S c c e	I DEPT.	1.	PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deseased lived, if institution: 6 o. STATE O. STATE MARYLAND	Residence before admission)
ry delay , ond 3 P.M.3. Pa	ate Deportment of hours after death.		b. CITY OR TOWN (if outside corporate limits, write RURAL or TOWN (if outside corporate limits, write RURAL or TOWN (if outside corporate limits, write RURAL or TOWN) LURA - EASTON 21 FE	95 TON
h. If cr ges 1, 2 form	ate Dep hours a		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
iter death. I Give Poges ong with for	72	L	NAME OF DECEASED (Type or print) Charles HENRY Staughter DEATH	24 1966
<u></u>	ond 2 with	1	MA/E COLORED WIDOWED DIVORCED 10-17-50 OST DISTRIBUTION MO	UNDER 1 YEAR IF UNDER 24 HRS.
S 1 2	s y	du	uring most of working life Ayn it regized INDUSTRY den + MARYLAND	12. CITIZEN OF WHAT COUNTRY?
within a pencil i	File pages ond in ony	(PARIES H. WILSON MARGERY KUSSI	Elphter
= = =	it permit. I			ston, Md.
pe 'pe	onsit or re		18. CAUSE OF DEATH (Enter only one couse per live) (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
the ward to the Ci	o burial-tronsit cremation, or re		Conditions, if ony, which gove rise to immediate couse (o),	
iting irring	00		stoting the underlying couse DUE TO (c)	LIO WAS AUTODOV
≥ × ×	9 c 6	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
= -	files. 3 should ent, prior	AL CERTIF	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) WADING! +N DEEP IN ATER	
e the	our	MEDICAL	p.m. of work of work of Charlet any learn a president	(County) (Stote)
Pag	Ped Ped		21. I certify that I task charge of the remains described above held an Autapsy . Inspection . Inspection . Inspection .	and in my apinia

Accident X.

Suicide ,

Hamicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

Undetermined manner

23d. LOCATION (City or Town)

22. DATE SIGNED

-76 66

the funeral directar. Po 5 may be retained for TO FUNERAL DIRECTOR: Health or its designate

O DEPUTY A

VR A15ME (5)

death resulted frame

ACTUAL SIGNATURE

EXAMINER'S NAME (Type)

BURIAL, (REMATION, REMOVAL (Specify) Natural causes

Colores Henry Sparies ? MA/E ColoRED HOHE THE THE THE THE THE THE Charles H. Wilson Martery Kussell Con NO NONE THE STATE BLICE EASTERN HELD PERCOLD TO ASTOCKED COMETERS THE METERS and the last factor that was MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10554 CERTIFICATE OF DEATH

							-	
1. PLACE OF DEAT	H		t suplification	2. USUAL RESIDI	ENCE (Whare de	ceesed lived, If		nce before edmission)
Talbot			MARYLAND	Mar	yland	b. cool	Tall	bot
b. CITY OR TOWN	(if outside corporate limits,		LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corp	orate limits, write	RURAL and give	nearest town)
Rural Cor	d giva nearest town)		30	Rural C	ordova		2	0-1
d. NAME OF HOSP	ITAL OR INSTITUTION (if	not in hospita	al, give street address)	d. STREET ADDRE				e. IS RESIDENCE
RFD								YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Day	Yeer
(Typa or print)	Raymond		J.	Tapper	DEATH	77	(23/66	19
5. SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1 YEAR	
m	W	WIDOWED	DIVORCED	11/20/188	5	80-3-	Months Days	Hours Min.
	TION (Give kind of work	10b. KIND	OF BUSINESS OR INDUST		ounty & State, or	foreign country)	12. CITIZEN	OF WHAT COUNTRY?
arme	orking life, even if retired)			Pa.			US	4
13. FATHER'S NAME	-			1 14. MOTHER'S MAID	EN NAME		1 00	A
Willia	IP			Managa T				
	VER IN U.S. ARMED FORCE	52 16 50	OCIAL SECURITY NO. 17.	Mary L	awence	Address		
	(If yes givawer or dates of ser		PEINE SECORITI NO. 17.					
no			none	Mrs. Lou	ise F.	Tapper	Cordo	va, Md.
	DEATH [Entar only one c	suse per lipe	for (e), (b), end (c).]	XI /	Can			NTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	C	1/Lonary	The own 60	5720			mades
4201	DUE TO	B		,	1.			
Conditions, if en		6	snow als	antown	dise	2.0	No.	Erasal 74
gave risa to immed	diata cause		100	- 10-/		0		
(a), steting the	underlying DUE TO			/				
cause last.) (c)_							
PART II. OTHE	R SIGNIFICANT CONDITION	ONS CONTR	UBUTING TO DEATH BUT NO	OT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
PARI II. OTHE								YES NO
200. ACCIDENT W	CAUSE OF DEATH	Ob. DESCR	IBE HOW INJURY OCCURE), (Entar neture of Injury	in Part I or Pert II	of item 18.)	511	
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)							
20c. TIME OF INJ	URY Month, Day, Yeer		The state of the s	ACE OF INJURY (Home, tory street, office bldg.,		or town)	(County)	(Stete)
Hour e.m.	19	While et work	Not While Tac	11.0	6/0	11	: /	
) attanda	d the deceased from	W	10 6 10	18040 Z	3 1606	that (I) (we) last
,		/ - D	d the deceased from.		1,201	7	, 194,	
	rsed alive on		19.4. 7., and tha	death occured a	U.QM, trom	the causes	and on the d	
22e. SIGNATURE	1x 601	1111		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b DATE SIGNED
22c. PHYSICIANY	101 01 00	())	7^	22d. ADDRESS	DIRECTOR _	1 11113.		110
NAME DYP	RT LE	DEX	RER	Que	EEN	AN.	NE	190
23e. BURIAL, CREMA		OF 2	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	ATION (City, to	wn or county)	(State)
REMBYAL (Specific	7/27/6	6	Spring Hil	1	Es	ston.	Md.	
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	25a.	REC'D BY REGIST	RAR 256. RE	GISTRAR'S SIGNA	TURE ()
The Jay D	. Heverin	Funer	ral Home F	aston. Ma	JUL 2	8 1966	fliare	les judge
	- 770 - 07 777	- 447.07	THOME I	CONTRACTOR OF THE PROPERTY OF	•			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours arrendeath. Page by be retained by the hospital or attending physician.

TO FUNERA IRECTOR: After this certificate has been signed by the attending physician and complete ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, rages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 1SM 7/61

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pula pura	George Corro	20 192 100 10		
123 66	or by by	12 10 10 10 10 10 10 10 10 10 10 10 10 10		
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death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Resid	ience before admission)
	Talbot MARYLAND	a. STATE Md. b. COUNTY Ta	lbot
	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL an	d give nearest town)
	write RURAL and give nearest town) E asks n 18 days s	Easton	0-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Memorial Hospital	133 S. Washington	YES NO NO
3.	NAME OF FIrst Middle	Last 4. DATE Month	Day Year
	(Type or print)	HOMPSON DEATH 7	1966
5.	I MARKIED I I REVER MARKIED I I	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y 10/17/16 Is birthday) Months Da	
	M WIDOWED DIVORCED	10/17/16 450 Months Da	ys Hours Min.
102	I. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITI	ZEN OF WHAT
uuı	watch maker	9.63	ITRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	DA
	Otho Linwood Thompson	Eunice B. Blades	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address	
	s, no, or unkown) (If yes give war or dates of service)	Tron Characli Mb	
=	Yes WW 11 215-26-5378 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]	Inez Chappell Thompson, Eas	COD Md. NTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	1 2 dian	- th
	15 4 X DUE TO		1.0
	Cenditions, If any, which gave rise to Immediate (b)		
	cause (a), stating the DUE TO		
>	underlying cause last. (c)		
T10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 1 20f. (City or town) (County	(State)
MEDICAL	Hour a.m. While Not While	ry, street, office bldg., etc.)	(State)
ME	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from		, that (I) (we) last
		death occurred at M, from the causes and on the	
	22a. SIGNATURE	ATTENDING MED. STAFF	SIGNED
1	M.D.	. PHYS. DIRECTOR PHYS. 17/7/68	
	22c. PHYSICIAN'S NAME (Type) Arthur B. Cecil Jr. M.D.	22d. ADDRESS	
	MAME (1996) Arthur B. Gecil Jr. M.D.	17 700	
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or count	y) (State)
	Burial 7/10/66 St. Marvia	Pocomoke City	18
24	FUNERAL DIRECTOR	25a. REC'D BY REGISTIAN 28b. REGISTIAN'S	
_	LAY D. HEVERIN EASIN, Md	· DATE JUL 11 1966 golian	les judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE:				
TA/BOT MARYLAND	Marylana Queen Anne				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					
EASTON 6 days	Grasonville 172				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS 9. IS RESIDENCE ON A FARM2.				
MEMORIAL HospitAl	YES NO				
3. NAME OF First Middle DECEASED Middle	Last 4. DATE Month Day Year				
(Type or print) //AKY (ecelia	70/50N DEATH VU/Y 4 1966				
5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	3. DATE OF BIRTH June 1, 1915 9. AGE (In years MFUNDER 1 YEAR FUNDER 24 HRS. Jast birthday) Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY?				
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
James M. Beecher	Catherine Reed				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)	m. Herbert Tolson-Grasonville, Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (a) Orchigan della					
DUE TO DUE TO	CO Antip				
conditions, if any, which gave rise to immediate	Guranes				
cause (a), stating the DUE TO					
underlying cause last. (c)	PLATED TO THE TERMINAL DISCRET COMPUTION ON THE PART 1/o LITE WAS AUTODSY				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) OR CONTRIBUTION CONTRIBUTION GIVEN IN PART 1(a) PROPERTY OF THE PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PROPERTY OF THE PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PROPERTY OF THE PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PROPERTY OF THE PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PROPERTY OF THE PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PROPERTY OF THE PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PROPERTY OF THE PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PROPERTY OF THE PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) PROPERTY OF THE PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) PROPERTY OF THE PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN I					
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P Hour a.m. 29 While at work at work	tory, street, office bldg., etc.)				
21. I certify that (I) (this hospital) attended the deceased from 2	5-2966, 19 to 7466, 19 that (1) (we) last				
	nat death occurred at 430M, from the causes and on the date stated above.				
226) SIGNATURE 22b. DATE SIGNED					
ATTENDING MED. STAFF July 4, 196					
22c/PHYSICIAN'S	22d. ADDRESS				
NAME (Type) H. Walsh, M.D.	Easton, Md.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)				
Burial July 6 St. Peters	Churchyard Queenstown, Maryland				
24 FUNERAL DIRECTOR APPRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
Edgar L. Lane Church Hell 11	nd DATEUL 7 1966 Icharles Judge				

VR AJ5 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11554

	10000	OLICITI IOAT	L OI DEATH		10000
	PLACE OF DEATH		2. USUAL RESIDENCE (WI	nere deceased lived, If Inst	itution: Residence before admission)
	a. COUNTY		a. STATE	b. COUNT	
-	1 cel ho	MARYLAND	/lany		lalbot
1.	CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16		ie corporate ilmits, writ	e RURAL and give nearest town)
	Easton	1 Knew	Caston		20-1
(d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	M		1115 500 11	Cos	ON A FARM?
	Metroviel		415 S. He		YES ND ND
	NAME OF FIRST	Middle		DATE Month	Day Year
	Type or print)	. T. T.		DEATH 7.	14 19 66
5. \$	6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
mo	ele white WIDOWED	DIVORCED	2/15/1899	47	Months Days Hours Min.
1Da.I		IND DF BUSINESS OR	11. BIRTHPLACE (County &	Ctate or foreign country)	12. CITIZEN OF WHAT
durin	g most of working life even if retired)	UniteTDV	= 11	t State, or for cigor country/	OOUNTRY?
	Salesman Bis	cuit (o.	I lalbot Mo	ruland	U.SF1
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	William T. Townsend, Sn		Ida Starker	,	
15.		SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(162,		12 OF 6250 M	III TO T	1000	· MJ"
		13-05-6258 M	s. W. I. Jours	end, In Co	ston, Tille
1		ne for (a), (b), and (c).	DID VO	1	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	re Myocan	dial rufa	ic trou	2 ms
	4201 DUE TO 1				
	Conditions, If any, which \	M. GALL A	Troin Solo	Mis	
	gave rise to Immediate	van ay	2000	4-7	
	cause (a), stating the DUE TO				No. 10 Control of the
	underlying cause last. (c)				
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTDPSY PERFORMED?
CA					YES NO M
를 등	20a, ACCIDENT WAS UNDERLYING 1 2Db. E	ESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury	v in Part I or Part II of	Item 18.)
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
A Z	DC. TIME OF INJURY Month, Day, Year 20d.	NJURY OCCURRED 2De. PL	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While		ory, street, office bldg., etc.)	- 1	
ME	p.m. 19 at work	at work	A st	1111	66
	21. I certify that (I) (this hospital) attended	ed the deceased from	Jun 190	to	19 (Othat (I) (we) last
	saw the deceased alive on	19 6 Oand tha	t death occurred at 11	ML from the causes a	nd on the date stated above.
	22a. SIGNATURE	1	0		22b. DATE SIGNED
	Sharen	1 1	D. PHYS. MED.	STAFF	7/15/66
-	22c. PHYSICIAN'S	M.I	D. PHYS. DIRECT	TOR PHYS.	1,0,00
	NAME (Type) 5, Rrec	th sh	Za. Mayneso Z	aston,	Mil
23a.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OD CREMATORY 1 22	d. LOCATION (City, for	yn or county) (State)
	MENOUSI (Panalsy)	10	TON ONE MINION	C . 191	in or country) (state)
	111011100	Spring Hill		Caston, I'd	
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE					
m	auria F. Newwayna So.	O EASTON,	MO DATE JUL	19 1966	Charley Judge

anyland Talley 2VX (A.D.) The manufacture of the second War says I I was it was TOLISM DIGITAL le son lescuit o. Taliot andmi is in a constant, in the constant of the const were the state of the second and the second and the second - company of Seriet 7/10/1966 Somme Still . . .

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death PLACE OF DEATH a. CDUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY ges 1 after the MARYLAND Pages filled in Ly papers. Page 72 hours ? b. CITY DR TDWN (if outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE event, within 72 ON A FARM? YES ND P letely within carbon 3. NAME OF Middle DATE Last 4. Month Year DECEASED compl (Type or print) DEATH ON 19 executed SEX remove 6. COLOR DR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. last birthday) | Months | Days any Hours and WIDOWED DIVORCED hen please r and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. OLTIZEN OF WHAT during most of working life, even if retired) pe INDUSTRY COUNTRY?7 hlove certificate FATHER'S NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SDCIAL SECURITY NO. INFORMAN death (Yes, no, or unkown) (If yes give war or dates of service) the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH signed by ial-transi PART I. DEATH WAS CAUSED BY: attending physician. burial-tr burial, Cenditions, If any, which peen gave rise to Immediate as the prior to DUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED? the hospital or YES NO" PHYSICIAN: this cerum detached for 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) WEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. While Not While After ATTENDING p.m. at work at work P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Age 3 should lied with the saw the deceased alive on. and that death occurred at _M, from the causes and on the date stated above. SIGNATURE 22al DATE SIGNED ATTENDING X page MED. STAFF 5/66 M.D. DIRECTOR HOSPITAL PHYSICIAN'S FUNERAL 22d. ADDRESS d be NAME (Type) 7/15/66 John N. Robinson M. D. Easton, plnods direct BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY OCATION (City, town or county) (State) REMOVAL (Specify) 0 ahla 100 od FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

THE REAL PROPERTY OF THE PROPE Company of the Company of the Company The second secon

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Ttem #7 VERILITION	E /UFAPEATH 11504				
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
a. COUNTY	a. STATE / b. COUNTY / / /				
MARYLAND	MARVIAND TALBOT				
b. CITY OR TOWN (if outside obrporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)				
Enstall 2NA	Sherwood 2011				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE				
1/h. 1 1	ON A FARM?				
MEMORIAL GOSPITAL	YES NO				
3. NAME OF First Middle	Last , 4. DATE Month Day Year				
(Type or print) Na R an Cal Hothus	11/h. Te DEATH 7 17 19/2/2				
5 CEY LE COLOR OR PAGE					
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.				
VIIAIE NEGRO WIDOWED DIVORCED	4-13-02 64 vrs.				
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT				
during most of working life, even if retired)INDUSTRY	MARY CA				
MADOREY TARM EMP.	MILLERY IANA. USII				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Junius White	Lula BANKS				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT				
218-16- Bold	office Plubite Cherwood, Md				
1 19 CALLET OF DEATH FESTER ON the Course and line for (a) (b) and (c) ?	The state of the s				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BÊTWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	/ year				
DUE TO D	0 0 -77				
Conditions, If any, which \ "Chapmer Netet	enoply !: Mangelean.				
gave rise to immediate	originales many fra				
cause (a), stating the DUE TO					
underlying cause last. (c)					
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY				
E Cachalia should the	PERFORMED?				
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20a. ACCIDENT WASCUNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)				
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
	ry, street, office bldg., etc.)				
p.m. 19 at work at work	1000				
21. I certify that (I) (this hospital) attended the deceased from	953 19 to 77 1866 that (1) (we) last				
7-1-	death occurred at M. from the causes and on the date stated above.				
22a SIGNATURE	22b. DATE SIGNED				
Williamphone 200 Alo	ATTENDING MED. STAFF 7 7 17 6				
M.E.	. PHYS. DIRECTOR PHYS.				
220, PHYSICIAN'S NAME (Type) 20 BOR 40 6	22d ADDRESS - O				
July m seefer on	Amuelacky med				
23a, BURIAL, CREMATION, 23b: DATE THEREOF 23c. NAME/OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)					
PREMOVAL (Specify)	10-10				
BURIA! 1-20-66 Sherwoo					
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
James B bas a 100 Sentin 2nd DATE JUL 26 1966 forwards for					
the state of the s					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10560 CERTIFICATE OF DEATH

1. PLACE OF OEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
a. GOUNTY Talbot MARYLAND	a. STATE Manuland b. COUNTY Talbot				
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
write-RURAL and give nearest town)	Easton				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS e. IS RESIDENCE				
Memorial Hospital	208 Goldsboro Street VES NO TE				
3. NAME OF First / Middle .	Last I 4. OATE Month Oay Year				
DECEASEO (Type or print)	illiams DEATH 7 23 1966				
5. SEX 6. GOLOR OR RACE 7. MARRIEO NEVER MARRIEO 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iast birthday) Months Days Hours Min.				
Female white WIOOWED DIVORGED	4/17/1894 72 yrs. Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INOUSTRY	11. BIRT HPLACE (County & State, or foreign country) 12. GITIZEN OF WHAT GOUNTRY?				
Housework	Palatka Florida USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
William A. Pratt	Frances Herndon				
(Vac we as unlown) (Attura etc. or a d.t. t. t.)	INFDRMANT Address				
	rs. Adrianne Carrillo, Hemet, Calif.				
18. CAUSE DF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN				
PART I. DEATH WAS GAUSEO BY: IMMEDIATE GAUSE (a) Leyacar dial will are of the company of the com					
Gonditions, If any, which) (b)					
					gave rise to immediate cause (a), stating the DUE TO
underlying cause last. (c)					
PART II. OTHER SIGNIFIGANT GONOITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMEO?				
OD ACCIONAL WAS IMPERIATING IT OD DESCRIPE HOW IMPROVED ON	YES NO				
PART II. OTHER SIGNIFIGANT GONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO OR GONTRIBUTING GAUSE OF DEATH (IF EITHER, NOTIFY MEDIGAL EXAMINER)					
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OGCURRED 20e. PLAGE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4					
21. I certify that (I) (this hospital) attended the deceased from					
saw the degeased alive on 23 pcl 1966, and that death occurred at 120M, from the gadses and on the date stated above.					
22a. SIGNATURE 22b. DATE SIGNED					
Meles The Halles and M.D. PHYS. MED. DIRECTOR PHYS. 125 kely 64					
22c. PHYSIGIAN'S NAME (Type) Thurston, Harrison M. I	D. 22d. AODRESS Easton, Maryland 25/July/66				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY	OR CREMATORY 23d. LOGATION (Gity, town or county) (State)				
Burial (Specify) 7/28/1966 Rock (reek Cemetery Washington, D.C.					
24. FUNERAL OIREGTOR AODRESS 25a. REG'O BY REGISTRAR'S SIGNATURE					
Maurice E. Dewnam + Son Geston Mod DATEJUL 27 1996 Poliantes Judge					
1					

VR A15 (4) 20M 1/65

and the same saling 1,035.00 dans St. Goldston St. ... 27 401/17/4 3 3 3 3 3 1/10 stan. Total California Comment Committee Comments of the Comments of to the last of the same and the Barrier E theunt 7/4/1960 took (scale backers - to trading the

23b. DATE THEREOF

7/25/66

BURIAL CREMATION

REMOVAL (Specify)

24. FUNERAL DIRECTOR

VR A15ME (5) 6M 1/66

the

INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES X NO (County) (State) Chesapeake Bay Talbot Md. Inquiry and in my opinian Undetermined manner 22. DATE SIGNED 7-25-66 Address (Street, city, town, ar caunty) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) GREENMOUNT BALTE, MD. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19

Haurs

IF UNDER 24 HRS

IF UNDER 1 YEAR

Davs

12. CITIZEN OF WHAT

HONG-KONG-

COUNTRY?

Manths

66